

# MAY INDEPENDENT SCHOOL DISTRICT

## HIGH SCHOOL TRANSCRIPT REQUEST FORM

**Transcripts will be mailed via U.S. Mail. No transcripts will be e-mailed or faxed.**

Name student used *while in school* (e.g. maiden name of female student):

\_\_\_\_\_

First Middle Last

Date of birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last high school attended in MISD: \_\_\_\_\_

Last year in attendance: \_\_\_\_\_ Did student graduate? ( ) Yes ( ) No

Any additional instructions? \_\_\_\_\_

Complete address where transcript is to be mailed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like a \_\_\_\_\_ OFFICIAL \_\_\_\_\_ UNOFFICIAL Transcript.

*{Schools and Colleges require sealed (un-opened) Official transcripts. Unofficial is for your personal use.}*

Telephone number where you can be reached: \_\_\_\_\_

\_\_\_\_\_  
Student Signature (**current name used**)

\_\_\_\_\_  
Date

**\*\*Request must include a copy of your valid DRIVER'S LICENSE or STATE ID CARD\*\***